

Part of 1014178
- 007

308 Building/2A
July 17, 2003



Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001

RE: FIFRA § 6(a)(2) Report
Vikane® Gas Fumigant
EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 129460
State: CA
Severity Category: H-C

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

Dow AgroSciences received the enclosed information regarding an alleged human exposure.

The Vikane® Gas Fumigant label states the following: "When fumigating, observe local, state and federal rules and regulations including such things as use of chloropicrin, clearing devices, positive-pressure self contained breathing apparatus, security requirements, and placement of warning signs: Extremely Hazardous Liquid and Vapor Under Pressure, Inhalation of Vapors may be Fatal." Under the "Preparation for Fumigation" section of the label, the use directions for structural fumigation state, "Remove from the structure to be fumigated all persons, domestic animals, pets – including fish and desirable growing plants." Also, under the Aeration and Reentry section of the label, use directions state, "...treated area must be aerated until the level of sulfuryl fluoride is 5 ppm or less, as measured by a detection device with sufficient sensitivity such as an INTERSCAN or MIRAN gas analyzer." Within this section of the label it further states, "Do not reoccupy fumigation site, i.e. building, ship, vehicle or chamber, nor move vehicle until aeration is complete."

If you wish to discuss this matter further, please call me.

Regards,

Shannon Bass

Shannon Bass
Global EH&S Product Leader
(317) 337-4983

Prepared by:

Kristi Speheger

Kristi Speheger
Product Stewardship Administrator
(317) 337-4577

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DASL INITIAL INCIDENT TRACKING FORM

DAS PRODUCT(S) INVOLVED Vikane
ACTIVE INGREDIENT Sulfuryl Fluoride
REGISTRATION NUMBER 62719-004
OTHER PRODUCTS None known

DILUTION/CONCENTRATE N/A
FORMULATION N/A

DERBI NUMBER SOURCE Outside
NAME [REDACTED]

COUNTY/CITY/STATE San Bernardino, California

TELEPHONE NUMBER N/A AGE 14 & 15 years of age

DATE OF INITIAL NOTIFICATION May 8, 2003

DATE OF APPLICATION Unknown

DATE OF INITIAL MEDICAL
TREATMENT No medical records available at this time

OCCUPATIONAL INJURY	No	OCCUPATION	N/A
HOME UNINHABITABLE	No	DISABLED	No
DEATH	No	PREGNANT	No

INCIDENT CIRCUMSTANCES

Reportedly, after a residence was fumigated, one child entered the home to retrieve a cat. Allegedly, the child that entered the home handed the cat to the sibling. They claim that both children have developed Hodgkin's lymphoma.

TYPE OF APPLICATION	Fumigation	
AMOUNT OF PRODUCT APPLIED	Unknown	
PERSONAL PROTECTIVE EQUIPMENT	Unknown	
LABEL DIRECTIONS FOLLOWED	Unknown	
CERTIFIED PCC/LCC	Long's Termite and Fumigation	
LOCATION WHERE INCIDENT OCCURRED	Residence	
NUMBER OF PERSONS INVOLVED	2	GENDER Unknown
ROUTE OF EXPOSURE	Not indicated	
DURATION OF EXPOSURE	Not indicated	

DERBI: 129460 SC 472
 Report: Yes ☒ No ☐
 If no, why: _____
 Date: 6.9.03

Privacy information

EXPOSURE TO SYMPTOMS

SYMPTOMS REPORTED

N/A

RESULTING DIAGNOSIS

Hodgkin's lymphoma

TYPE OF MEDICAL CARE FACILITY

No medical records available at this time

ADDITIONAL INFORMATION

None at this time

10-22-21

WD

CORRELATION OF ALLEGED EXPOSURE TO PRODUCT

None at this time.

COUNTER INDICATION OF CORRELATION OF ALLEGED EXPOSURE

None at this time.

[illegible]

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EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 129551
State: CA
Severity Category: H-C

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FIFRA § 6(a)(2) Global Adverse Effects Reporting Form

FIFRA § 6(a)(2) does not require investigation of alleged incidents. Please complete this form, to the best of your ability, with the knowledge you have on any incident without further investigation. However, if you receive additional information it is your responsibility to submit a supplemental report.

Send completed forms to:

e-mail: aerc@dow.com

Questions: Global AERC Administrator
(317) 337-4577

mail: Dow AgroSciences
9330 Zionsville Road
Indianapolis, IN 46268
Attention: AERC-308 Building

Administrative Information

Your Name: Barb Snowden

Date you became aware of the Incident: (month/day/year) 06-06-03

Reporter (person reporting incident to you):

Last Name: [REDACTED] First Name: [REDACTED] / Company: The Termite Guy

Street Address: [REDACTED]

City: San Clemente State/Country: CA 92672

Telephone Number: [REDACTED]

Contact Person (if different from the Reporter)

Last Name: same First Name:

Street Address:

City: State/Country: Zip Code:

Telephone Number:

DERBI: 129551 SC HC
Report: Yes ☒ No ☐
If no, why: _____
Date: 6-24-03

Product Information

Product(s) involved: Vikane gas fumigant

U.S. EPA Registration Number: 62719-4

Exposed to concentrate prior to dilution: ☐ Yes ☐ No ☒ Unknown Alleged exposure ☐

Exposure InformationDate of Exposure: May 27th, 2003

Geographical location of exposure: Office building

How exposed? ☐ Direct Contact ☐ Ingestion ☒ Inhalation ☐ Spill ☐ Other _____

Brief description of alleged incident:

██████████ The Termite Guy, called stating that a ██████████ notified him of her alleged exposure to Vikane after a Vikane fumigation in her workplace. Her workplace is at ██████████ Laguna Hills, CA, 92653. She alleges that she went back to her workplace, a Law Office, on May 27th for a half a hour, experienced her throat closing up and left work. Alleges going to the emergency room. On May 28th, she worked 6 hours, took an antihistamine. Went back to doctor. Mega Fume went to the office building and placed several fans to increase the circulation in the building. According to Mega Fume, the office building has no heavy load factor, only chairs, desks, etc. On June 2nd she came back to work. Since then she claims she has been to an allergist, toxicologist, and pulmonary specialist. On Friday, June 6th, she called ██████████ at The Termite Guy, and asked if he turned her claims into his insurance company and he stated he was not going to do this. I spoke to her on June 11th and again suggested that her doctors call the DAS 800 # and have her doctors talk to DAS. Her last comment was that she would consult with her boss, an attorney, as to what to do next.

Application CircumstancesEvidence label directions were not followed: ☐ Yes ☒ No ☐ Unknown

Application was made by:

☐ Pest Control Operator ☐ Lawn Care Operator ☐ Homeowner ☒ Other Fumigation Company

Circumstances regarding application:

The fumigation was put up and shot on May 24th, came down on May 26th and certified for reentry on May 26th. The tenants of the commercial structure came back to work on May 27th. The structure was 330,000 cubic feet, 90 pounds of Vikane were shot, 22 ounces of chloropicrin were used. The chloropicrin was placed in the corridors and not in each individual offices. Structural fumigation log was obtained from the fumigation company, Mega Fume, and is on file.

Type of incident: ☒ Human ☐ Domestic Animal ☐ Fish/Wildlife (Fill out the appropriate attached page)

Alleged Human Exposure

Clarify how many people are involved with the alleged exposure:		One	
Age, if known, adult or child:	Age unknown <input type="checkbox"/> Child <input checked="" type="checkbox"/> Adult <input type="checkbox"/>		
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	If female, is she pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Occupation (if related to use of product):		Works in an Law Office	
Was protective clothing worn:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
How many workdays were lost due to illness:		Unknown	
Route of exposure:	<input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Unknown		
Was alleged adverse effect a result of:	<input type="checkbox"/> Suicide/Homicide <input type="checkbox"/> Attempted suicide/homicide <input checked="" type="checkbox"/> N/A		
Time between exposure and onset of symptoms:	(hr/day/min) Over 24 hours		
Symptoms experienced:	Closing of the throat		
Type of medical care sought:	Alleges that she went to emergency room twice, then to an allergist, then to pulmonary specialist and toxicologist		
Laboratory test results:	(attach copy if available)	Unknown	
Explanatory or qualifying information surrounding the incident:			

Treating Physician's Information

Last Name: Declined to get this information or to have physician call DAS physicians or 1-800 number		First Name:	
Street Address:			
City:		State/Country:	Zip Code:
Telephone Number:			

Alleged Fish, Wildlife, Plant, or Non-Target Organism Exposure

Species affected:	
Number of individuals per species:	
List of symptoms or adverse effects:	
Magnitude of the effect: (examples include: miles of stream, square area of terrestrial habitat)	
If plant, plant type: (examples include: forest forage, orchard, home garden, ornamentals)	
Pesticide method of application and rate:	
Laboratory results: (attach lab report if available)	
Description of the habitat and the circumstances under which the incident occurred:	
Distance from treatment site to exposed site:	
Explanatory or qualifying information surrounding the incident:	

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CAS Registry Number: 002699-79-8
DERBI Number: 129556
State: CA
Severity Category: H-C

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Enclosure

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 1 of 3

Row 1	Reporter Name	Submission date.	Contact person (if different than reporter)	Internal ID
Administrative Data	<i>Dr. Michael Shwayder</i>			<i>1-8726076</i>
	Address		Address	
	<i>Daniel Freeman Memorial 333 North Praire Ave Inglewood California 90301</i>			
	Phone #		Phone #	
	Incident Status:	Location and date of incident	Date registrant became aware of incident.	Was incident part of larger study? No
	<i>New</i>	<i>Inglewood California 3/9/2003</i>	<i>6/9/2003</i>	
Row 2	EPA Registration # (Product 1)	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	<i>62719-4</i>			
	A.I. (s)	A.I. (s)	A.I. (s)	
	<i>Sulfuryl Fluoride</i>			
	Product 1 name	Product 2 Name	Product 3 Name	
	<i>Vikane</i>			
	Exposed to concentrate prior to dilution? No	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).	
Incident Circumstances	Intentional misuse? No			
	Applicator certified PCO? Not applicable	<i>Other Residence</i>	<i>Other</i>	
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)			
	<i>See Incident Description</i>			

DERBI: 129556 SC He
Report: Yes ☒ No ☐
If no, why: _____
Date: *6-20-03*

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Privacy information

6/9/2003 2:25:41 PM Hx: Patient lives on second story next to building tented and treated with Vikane. Patient's houseplants died and patient developed nausea, confusion and irritability. Sym have now resolved. Patient believes there was hole in tent allowing Vikane gas to escape and affect plants and himself.

MD has performed a literature survey for sym associated with Vikane and only found a JAMA 1987 article. He is requesting more information about possible sym and environmental fate of Vikane, specifically half-life of Vikane.

Dow Agro will be contacted and either someone from there will contact you or they will provide information to us and we will contact you.

6/9/2003 2:31:23 PM Dr. Brownson called back. He stated he will call Dr. Shwayder later today and email information about that conversation to PROSAR.

6-9-03 PROSAR (case 1-872-6076) received call from Dr. Shwayder regarding his 50 yr old male patient who alleges inhalation exposure to Vikane 3 months ago when adjacent dwelling tented; the patient lives in 2nd story apartment. I called Dr. Shwayder 6-10-03; the patient alleges he was home ill prior to the incident & noted symptoms of GI upset, confusion, irritability but no respiratory irritation during time when adjacent dwelling was tented. Also complains that his house plants died. He was seen by Dr. Shwayder 1 week later with no symptoms and normal exam, normal routine labs (did not obtain serum fluoride). Dr Shwayder doubts significant exposure. I described the characteristics of Vikane, and pointed out that it is unlikely to rise to 2nd floor apartment. I emailed TIME A report and note to Dr. Shwayder, and indicated that I agree with him that significant exposure in the described situation is unlikely.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3

Demographic information: Age: 50 Sex: Male Occupation (if relevant)	Exposure route: Unknown	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). HCF	List signs/symptoms/adverse effects Nausea - Unable to determine , Agitated/irritable - Unable to determine , Confusion - Unable to determine		If lab tests were performed, list test names and results (If available, submit reports) None Reported
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Residence where patient resided was not attached to the dwelling that was treated with Vikane, therefore, there does not appear to be a physical means by which this patient could have been exposed to appreciably quantities of Vikane. Furthermore, the lack of mucosal irritation means that exposure to chloropicrin (and thus Vikane) did not occur.

Internal ID #
1-8726076